

**ST. PATRICK'S HOME OF OTTAWA INC.**

**VOLUNTEER SERVICES**

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Apt. \_\_\_\_ Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (E-mail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages Spoken: \_\_\_\_ English \_\_\_\_French other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experiene\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special Interests / Skills / Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Volunteer Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about our Volunteer Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reasons for Volunteering:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you considering\_\_\_\_ Short term commitment (less than 6 months) \_\_\_\_ Long term commitment

When are you available? Circle the appropriate time(s) of day:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Time of  Day | Morn Aft  Evening | Morn Aft  Evening | Morn Aft  Evening | Morn Aft  Evening | Morn Aft  Evening | Morn Aft  Evening | Morn Aft  Evening |

Possible Volunteer Assignments: Please indicate your choice(s):

Arts & Crafts \_\_\_\_\_ Fundraising \_\_\_\_\_ Musician (organ \_\_\_\_\_ Social Work \_\_\_\_\_

Bar Tender \_\_\_\_\_ Games \_\_\_\_\_ piano, guitar) Special Events \_\_\_\_\_

Bingo \_\_\_\_\_ Hairdresser \_\_\_\_\_ Palliative Care \_\_\_\_\_ Tuck Shop \_\_\_\_\_

Cards \_\_\_\_\_ Librarian \_\_\_\_\_ Pastoral Visitor \_\_\_\_\_ Wheelchair Escort \_\_\_\_\_

Clerical \_\_\_\_\_ Lottery Caller \_\_\_\_\_ Refreshment \_\_\_\_\_ Walking Program \_\_\_\_\_

Paddy’s Place \_\_\_\_\_ Sacristan \_\_\_\_\_ Pet Therapy \_\_\_\_\_\_

Entertainment \_\_\_\_\_ Mass Escort \_\_\_\_\_ Resident Home Area Assistant \_\_\_\_

Friendly Visitor \_\_\_\_\_ Meal Assistant \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_